2016 EMERGENCY INFORMATION & CONSENT FORM

1		
name	relationship	<u> </u>
2		
Please list any allergies:		
ie. Peanuts, latex gloves, sulfa dri	ugs)	
Participant's Home Address:		
Participant's Birth Date:		Participant's Age:
Participant's Approx. Height &	Weight:	
Date of last Tetanus Injection or	Booster:	
Please list any medications the pa	articipant is currently on o	r takes often (include dosage):
Please list any medications the particle of th	rom the participant's medication	r takes often (include dosage):
Please list any medications the parameters of th	rom the participant's medication	r takes often (include dosage):
Please list any important items fi givers or a hospital should know	rom the participant's medicabout: EENCY MEDICAL TREATME reaw Parks and Recreation Departmentation, examination, anesthetic, medicated minor under the general or special licine. I (we) understand that I (we) with mentioned care. I (we) understand that at staff and emergency personnel will on the control of the control o	cal history that emergency care ENT OF A MINOR CHILD at, 117 E Canal Street, Warsaw, Indiana, to cal diagnosis, surgery, or treatment and/or supervision and on the advice of any Il be responsible for all financial obligations at this consent is to allow emergency

**This form is confidential and will be used only to aid in an injury or emergency situation.

A copy of this form will be provided to EMTs should the participant require professional attention.**